

## **Mental Health Assessment**

Agency Name

Agency Address

### **Identifying Information**

Name:

Age:

Client ID:

Gender:

Parent or Legal Guardian:

DV / SA / Both

UOCVR: Yes / No

Interpreter Required Yes / No

Language (if yes)

Individual(s) present:

Service Rendered: Mental Health Assessment

Setting of Service:

Start Time:

End Time:

Duration:

Service Provider:

### **Assessment Protocol**

Identify sources of assessment information

Identify psychological screening and assessment instruments used

### **Chief Complaint/History of present illness**

Reason for the assessment referral

Client's perception of the problem(s)

### **Psychosocial history**

Developmental History

Social History

Current state of functioning

### **Family history**

Family constellation

Family history

Family relationships

Current state of family functioning

### **Psychiatric History**

Mental health treatment history

Prior diagnoses

Current mental health status

### **Medical History**

Medical History-surgeries, illnesses, ABI/TBI etc.

Allergies

Current Medication(s)  
Present state of health

### **Substance Abuse History**

Substance(s) abused,  
Frequency, intensity and duration of use

### **Educational and Vocational History**

Schools attended and GPA  
Learning disabilities and strengths  
Educational aspirations

Employment history  
Career interests and aspirations

### **Legal History**

Record of offenses  
Placement History  
Risk and protective factors

### **Mental status exam**

Appearance, Motor, Speech, Affect, Thought Content, Thought Process, Perception, Intellect, and Insight.  
Mini Mental Examination score

### **Screening and assessment instruments administered**

Identify the screening and assessment instruments administered  
Document screening and assessment instrument scores and results

### **Diagnostic Impression**

DSM V diagnosis (including codes and specifiers)

### **Assessment Summary**

Summarize assessment findings  
Summarize client prognosis  
Make specific treatment recommendations

### **Licensed Therapist Signature:**

Include credential and title

Date:

### **Clinical Supervisor Signature:**

Include credential and title  
(If necessary)

Date:

